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Integrated Management of Childhood Illness (IMCI)
Complementary Course

FOLLOW-UP
FACILITATOR'S GUIDE

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A

Integrated Management of Childhood Illness (IMCI)

Complementary Course

FOLLOW-UP

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B

FOLLOW-UP

ACTIVITY 1

Overview of How to Manage a Child Who Comes for Follow-Up

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Determine whether the child is coming for an initial visit or a follow-up visit
- Ask caretakers appropriate questions to find out if the child has developed any new problems
- Locate and use follow-up boxes in TREAT THE CHILD chart and follow instructions in the boxes
- Use information about the child's signs to select appropriate treatment
- State treatments to be given to child and state appropriate counsel messages

TIME 30 minutes

MATERIALS ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
TREAT THE CHILD Wall Chart
COUNSEL THE MOTHER Chart
MANAGEMENT OF THE SICK YOUNG INFANT Chart
Enlarged IMCI Recording Form
IMCI Chart Booklets
Flipcharts #1 - #2
Participant's Manual Follow-Up
Participant's Manual, page 1

ACTIVITY OUTLINE
How to Manage a Child Who Comes for Follow-Up

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I Introduce Session	
A. Overview of FOLLOW-UP Component	
B Review Session Objectives	Flipchart #1
II Find Out What Participants Know and Do	
A Assess Participants' Experience with Follow-Up (or return) Visits	
III Build on What Participants Know and Do	
A Identify Classifications That Require Follow-Up Visits	ACSC Wall Chart
1 Compare Participants' Answers with IMCI	Flipchart #2
B Find out if Child has a New Problem	Enlarged Recording Form
C Find out if Child has Received Proper Treatment at Home	
1 Reinforce the Use of Good Communication Skills and Counseling Skills	
2 Check Participants' Communication and Counseling Skills	
IV Introduce Follow-Up Boxes on TREAT Chart	
A Review IMCI Charts Used to Date	
B Introduce Follow-Up Boxes on Wall-Chart	TREAT Wall Chart
C Locate GIVE FOLLOW-UP CARE in IMCI Chart Booklet	IMCI Chart Booklets/ Flipchart #2, Participant's Manual p 1
V Summarize Discussion	

ACTIVITY DESCRIPTION

I INTRODUCE SESSION

A Overview of FOLLOW-UP COMPONENT

The facilitator states

- The FOLLOW-UP Component covers the last portion of IMCI what the health worker needs to do to conduct a follow-up session with a child
- During this Component, we will study the TREATMENTS that require follow-up, and will learn how to use the Charts to select and give the appropriate treatments for the child who comes for follow-up

B Review SESSION OBJECTIVES

The facilitator posts *Flipchart #1 Session Objectives* and reads it aloud to the group

SESSION OBJECTIVES

By the end of the session, participants will be able to

- Determine whether the child is coming for an initial visit or a follow-up visit
- Locate and use follow-up boxes in TREAT THE CHILD and MANAGEMENT OF THE SICK YOUNG INFANT charts and follow instructions in the boxes
- Use information about the child's signs to select appropriate treatment
- State treatments to be given to child and state appropriate counsel messages
- Close the Working Group Session and decide if their expectations of the IMCI Complementary Course have been met

Follow-Up - Flipchart #1

The facilitator states

- In this session, participants will learn the basic IMCI steps for conducting a consultation with a child who is returning to the clinic for follow-up
- You will learn which IMCI Charts to use, and how to use them

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Assess PARTICIPANTS' EXPERIENCE WITH FOLLOW-UP (OR RETURN) VISITS

The facilitator asks

- In your experience, why do caretakers bring a child back to the health centre for a follow-up visit? *(Possible responses Not responding to the medication may need a different drug, health worker asked the caretaker to bring the child back to monitor progress, caretaker may have a question, child may have another sign of illness, not giving the drug long enough)*

The facilitator acknowledges answers, reinforcing those that correspond to IMCI answers

S/he asks

- In your experience, why is it important to know if the sick child is presenting for an initial visit or for a follow-up visit? *(Desired responses*
 - ▶ *Because if a child is returning for the same illness (as in a follow-up visit), the treatment may be different than for the initial visit for the same illness,*
 - ▶ *It may be necessary to counsel the caretaker more carefully to find out why a drug is not properly administered and to see how the treatment at home can be improved)*

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Identify CLASSIFICATIONS THAT REQUIRE FOLLOW-UP VISITS

The facilitator asks participants to go to the IMCI Wall Chart and to look at the CLASSIFICATION column

S/he states

- For some classifications, caretakers are told when to come for a follow-up visit

S/he asks

- According to the Chart, which classifications require definite follow-up visits? *(See Flipchart #2 CLASSIFICATIONS Requiring Definite Follow-Up Visit)*

1 Compare PARTICIPANTS' ANSWERS WITH IMCI

Co-facilitator writes responses to the question on a blank flipchart

When participants have completed their responses, the facilitator posts *Flipchart #2 CLASSIFICATIONS Requiring Definite Follow-Up Visits*

The facilitator reads the flipchart aloud, reinforcing the classifications that participants already listed S/he makes sure that participants' answers include all the classifications on the flipchart

CLASSIFICATIONS REQUIRING DEFINITE FOLLOW-UP VISITS

PNEUMONIA
PERSISTENT DIARRHOEA
DYSENTERY
MEASLES WITH EYE OR MOUTH COMPLICATIONS
ACUTE EAR INFECTION
CHRONIC EAR INFECTION
ANAEMIA OR VERY LOW WEIGHT
LOCAL BACTERIAL INFECTION
THRUSH
LOW WEIGHT FOR AGE IN A YOUNG INFANT

Follow-Up - Flipchart #2

The facilitator states

- In addition to the classifications requiring definite follow-up, we will discuss follow-up for sick children
 - ▶ Who are classified **MALARIA**
 - ▶ with a fever that persists after 2 days
 - ▶ or fever that returns within 14 days

S/he asks participants to be seated

B FIND OUT IF CHILD HAS A NEW PROBLEM

The facilitator states

- The first step in Follow-Up is to find out if the child has had any new problems

S/he emphasizes the following

- Knowing if a child has a new problem affects the child's treatment
- Using the IMCI process, if the child has a new problem, you should assess the new problem as on an initial visit. You do a full assessment of the child, from the ASSESS to CLASSIFY to IDENTIFY TREATMENT to TREAT steps

The facilitator asks

- How would you find out if the child has a new problem? *(Desired response: By asking the caretaker if the child has had any new problems since the child's last visit to the clinic)*

S/he states

- What do you do if the caretaker says that the child has no new problems? *(Desired response: Consider this a follow-up visit)*

The facilitator refers to enlarged IMCI Recording Form

S/he asks a volunteer to demonstrate the following task

- How would you note that this is a follow-up visit on the SICK CHILD RECORDING FORM? *(Desired response: Tick (✓) Follow-Up Visit)*

C FIND OUT IF CHILD HAS RECEIVED PROPER TREATMENT AT HOME

The facilitator states

- Earlier in this session it was stated that one of the reasons for a follow-up visit is that a child is not responding to the treatment that was prescribed for the illness

S/he asks

- What are reasons that a child may not be responding to the treatment? *(Possible responses: the child is resistant to the drug that was prescribed, the caretaker may not be administering the drug properly, the treatment prescribed was the wrong treatment, not giving drug long enough)*

1 Reinforce the USE OF GOOD COMMUNICATION SKILLS AND COUNSELING SKILLS

The facilitator states

- Now let us focus on the situation where the caretaker may not be administering the treatment properly

S/he asks

- Why might the caretaker not be administering the drug properly? *(Possible response Because s/he did not understand instructions or was not following instructions properly because the health worker may prescribe two or three drugs that the caretaker does not understand)*
- What do you do to avoid this? *(Desired response Use counseling skills and communications skills that help the health worker know when the caretaker understands the treatment properly and the importance of correctly administering the treatment Ask the caretaker to demonstrate or repeat instructions Label the drug properly)*

The facilitator states

- It is crucial to take the time to make sure that they caretaker understands how to treat the sick child at home
- The use of good communications and counseling skills is important to make sure that the caretaker gives the proper treatment at home This can help the child improve, and can prevent unnecessary follow-up visits

2 Check PARTICIPANTS' COMMUNICATION AND COUNSELING SKILLS

The facilitator reads the following Critical Incident to the group

- A caretaker brings the child in for follow-up on the same problem that the child had in the initial visit The child had been prescribed an antibiotic and has not shown improvement

S/he asks

- How do you find out if the child received proper treatment? (*Desired response*
 - ▶ *Ask caretaker to describe the way in which she administered the treatment,*
 - ▶ *Listen carefully for those things that she did correctly,*
 - ▶ *Praise caretaker's attempts at good treatment, and those that have been correctly carried out,*
 - ▶ *Listen carefully for those things that were not done properly, and correct them,*
 - ▶ *Have the caretaker demonstrate how s/he would do things differently the next time)*

[If time permits, the facilitator may ask participants to choose a partner and role play how they would find out if the child received proper treatment at home]

The facilitator reinforces those responses that correspond to correct IMCI response (*see answers above*) and emphasizes those that may be missing

S/he asks

- What do you do if you decide that the child was not treated properly and should continue the same treatment? (*Desired response If you decide that the caretaker was not following the instructions properly and that the child should continue receiving the same treatment, then follow good teaching skills to make sure that the caretaker knows how to administer the antibiotic correctly*)

S/he allows time for participants to ask questions or voice concerns about this or other topics related to Follow-Up

S/he asks

- What questions or concerns do you have about this topic?

IV INTRODUCE FOLLOW-UP BOXES ON TREAT CHART

A Review the IMCI CHARTS USED TO DATE

FACILITATOR'S NOTE

Up to this point in the Course, participants have used the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Chart the TREAT THE CHILD Chart the COUNSEL THE MOTHER Chart the MANAGEMENT OF THE SICK YOUNG INFANT Chart

Now participants will begin using the FOLLOW-UP boxes on the TREAT Chart Because of the nature of follow-up visits, it may be necessary to refer to all of the charts that have been used

Challenge the participants to be quick and accurate in properly finding and using the correct charts

The facilitator points out all of the Charts that have been used so far in the Course

S/he emphasizes

- In conducting a follow-up visit with a child, you have many tools from which to choose Most of these charts may be needed to assess, classify and treat a child who comes for follow-up, and to counsel the caretaker about continued treatment

B Introduce FOLLOW-UP BOXES ON WALL CHART

The facilitators asks participants to go to the front of the room where the TREAT THE CHILD Wall Chart is posted

S/he challenges the participants to quickly point out a random sample of the boxes on the FOLLOW-UP section of the TREAT Wall Chart For example

- DYSENTERY
- PERSISTENT DIARRHOEA
- PNEUMONIA
- MEASLES WITH EYE OR MOUTH COMPLICATIONS
- MALARIA
- PALLOR
- VERY LOW WEIGHT OR GROWTH FALTERING

S/he asks participants to examine the contents of the GIVE FOLLOW-UP CARE boxes on the TREAT THE CHILD Chart

After they have had a few minutes to read the contents of a few boxes, s/he asks

- Do you notice any major differences between these boxes and other parts of the TREAT THE CHILD Charts? If so, what differences do you notice?

The facilitator emphasizes the following points

- The major difference between this and other parts of the TREAT Chart is that the FOLLOW-UP boxes of the TREAT Chart contain both ASSESS and TREAT steps
- In GIVING FOLLOW-UP CARE, the health worker may need to use other chart(s) as well as the Follow-Up box or boxes

S/he asks

- Why might you need to use other charts? (*Desired response Because in a follow-up (or review) visit you may have to reassess the child, or change treatment according to other charts*)

S/he states

- During a follow-up visit, you may need to reassess a child and possibly change treatment This may require using several sections of your Chart Booklets In this session, try to be as quick and as accurate as you can be when using the Charts

The facilitator asks the participants to be seated

C Locate GIVE FOLLOW-UP CARE IN IMCI CHART BOOKLET

The facilitator instructs participants to open to page 15 of their IMCI Chart Booklet

S/he states

- In conducting a follow-up visit with a child, you will use the boxes found on pages 15, 16 and 17 of the Chart Booklet

The facilitator refers participants to *Flipchart #2 CLASSIFICATIONS Requiring Definite Follow-Up Visits*

S/he states

- Each classification that requires definite follow-up has a box on the Follow-Up Chart
- Later we will also learn how to give follow-up care for the sick young infant
Boxes describing follow-up care for the sick young infant are on pages 29 and 30 of the IMCI Chart Booklet, and on the MANAGEMENT OF THE SICK YOUNG INFANT Chart

The facilitator distributes a *Participant's Manual Follow-Up* to each participant

S/he asks participants to turn to page 1 of their *Participant's Manual Follow-Up* and reads it aloud to the group

S/he checks for understanding by asking the appropriate questions

GIVE FOLLOW-UP CARE

- ▶ **Care for the child who returns for follow-up using all the boxes that match the child's previous classifications**

- *What is an example of what this statement means? (Possible response If a child returns for follow-up care for PNEUMONIA, the health worker would use the PNEUMONIA box)*

Other responses are acceptable, as long as they are correct. If they are not the facilitator should ask for someone to correct the response until all participants are clear

- When you use the ASSESS and CLASSIFY Chart during a follow-up visit you do not use the CLASSIFY and IDENTIFY TREATMENT columns. Skip these columns to avoid giving the child repeated treatments that do not make sense

There are two exceptions to this rule

- ▶ When there is a new problem
- ▶ If the child has diarrhoea, classify and treat the dehydration as you would at the initial assessment

- ▶ **If the child has any new problem, do a complete reassessment as on the ASSESS AND CLASSIFY chart**

A child who presented earlier for PNEUMONIA may have developed MALARIA. Health worker needs to use the ASSESS AND CLASSIFY Charts to do a complete reassessment of General Danger Signs, ask about each MAIN SYMPTOM, and reassess the NUTRITIONAL STATUS of the child

V SUMMARIZE DISCUSSION

The facilitator asks if there are any questions about how to use the GIVE FOLLOW-UP CARE boxes found in their IMCI Chart Booklets

S/he states

- Participants will be learning more about the IMCI recommendations for GIVE FOLLOW-UP CARE in later activities

S/he asks

- What questions or comments do you have about the FOLLOW-UP process to this point?

S/he makes any clarifications as necessary, and proceeds to the next activity, GIVE FOLLOW-UP CARE FOR PNEUMONIA, PERSISTENT DIARRHOEA and DYSENTERY

FOLLOW-UP

ACTIVITY 2 GIVE FOLLOW-UP CARE for PNEUMONIA, PERSISTENT DIARRHOEA and DYSENTERY

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Use the correct sections of TREAT THE CHILD chart for appropriate directions
- State the steps involved in conducting a follow-up visit for PNEUMONIA, PERSISTENT DIARRHOEA and DYSENTERY
- Demonstrate the steps involved in conducting a follow-up visit for PNEUMONIA, PERSISTENT DIARRHOEA and DYSENTERY
- Select correct treatment
- Provide relevant information to the caretaker regarding the treatment

TIME 1 hour

MATERIALS ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
TREAT THE CHILD Wall Chart
IMCI Chart Booklets
Participant's Manual, pages 2 - 4

FACILITATOR'S NOTE

This activity is largely composed of case studies. Refer to the Introduction to this Facilitator's Guide for ideas on how to vary the ways in which you can carry out case studies. Some group's reading levels may require the facilitator and volunteers to continue to read the case studies aloud. However, the discussion that follows the cases may be held in individual feedback sessions or as group discussions. Case studies may be completed as teams or as pairs or individually.

ACTIVITY OUTLINE
GIVE FOLLOW-UP CARE for
PNEUMONIA, PERSISTENT DIARRHOEA and DYSENTERY

Content	Materials
I Introduce Session	
II Find Out What Participants Know and Do	Blank flipchart
A Conduct Exercise Using Classification PNEUMONIA	IMCI Chart Booklets
III Build on What Participants Know and Do	
A Use PNEUMONIA box on TREAT THE CHILD Chart	IMCI Chart Booklets
1 Complete Case Study Ahmed	Participant's Manual p 2
2 Discuss Case Study Ahmed	
B Use PERSISTENT DIARRHOEA box on TREAT THE CHILD Chart	IMCI Chart Booklets
1 Complete Case Study Evaristo	Participant's Manual p 3
2 Discuss Case Study Evaristo	
C Use DYSENTERY box on TREAT THE CHILD Chart	IMCI Chart Booklets
IV Evaluate FOLLOW-UP Procedure Use DYSENTERY box	
A Complete Oral Case Study Mary	Participant's Manual, p 4
V Preview Next Session	

ACTIVITY DESCRIPTION

I INTRODUCE SESSION

The facilitator states

- We will continue to learn how to use the FOLLOW-UP boxes on the TREAT THE CHILD Chart We will practice using the PNEUMONIA, PERSISTENT DIARRHOEA and DYSENTERY boxes

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Conduct Exercise USING CLASSIFICATION. PNEUMONIA

The facilitator states

- For the first exercise, we will focus on PNEUMONIA

S/he asks

- Using the IMCI process, when does a child with pneumonia return for follow-up? *(Desired response IMCI requires the child to return after 2 days)*

To check participants' ability to use the FOLLOW-UP boxes of the TREAT Chart, the facilitator asks

- Where in your Chart Booklet do you find the box for Give Follow-Up Care for PNEUMONIA? *(Desired response On page 15, the box that is titled PNEUMONIA)*

S/he asks participants to locate the PNEUMONIA box under Give Follow-Up Care on page 15 of their Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following box

► PNEUMONIA

After 2 days
Check the child for general danger signs

See **ASSESS & CLASSIFY** chart

Assess the child for cough or difficult breathing

Ask

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

Treatment

- If **chest indrawing or a general danger sign**, give a dose of second-line antibiotic or intramuscular chloramphenicol. If wheezing and child is 12 months or older treat for severe wheezing and then refer **URGENTLY** to hospital
- If **breathing rate, fever and eating are the same**, change to the second-line antibiotic and advise the mother to return in 2 days or refer (If this child had measles within the last 3 months refer) If wheezing, give salbutamol
- If **breathing slower, less fever, or eating better**, complete the 5 days of antibiotic. If wheezing give salbutamol

The facilitator asks

- What is the first thing the FOLLOW-UP box says to do? (*Desired response* **Check for General Danger Signs**)
- How do you check for General Danger Signs? (*Desired response* **ASK** *Is the child able to drink or breastfeed?*
Does the child vomit everything?
Has the child had convulsions?
LOOK *to see if the child is lethargic or unconscious*)
- What is the next thing the FOLLOW-UP box says to do? (*Desired response* **Assess the child for COUGH OR DIFFICULT BREATHING**)
- Where do you look on the chart to remind you how to do this assessment? (*Desired response* **page 2 of the IMCI Chart Booklet**)

- What is the next thing the FOLLOW-UP box says to do? (*Desired response*
ASK Is the child breathing slower? '
Ask "Is there less fever?"
Ask "Is the child eating better?")

The facilitator states

The remainder of the box tells the health worker what treatment to give based on the above assessment

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Use PNEUMONIA Box on TREAT THE CHILD Chart

1 Complete Case Study. Ahmed

The facilitator asks participants to turn to page 2 of their Participant's Manual *Case Study Ahmed*

From the *Introduction to this Facilitator s Guide*, the facilitator chooses a participatory technique for carrying out this case study

CASE STUDY AHMED*With answers*

Ahmed has been brought for a follow-up visit for pneumonia. He is three years old and weighs 12.5 kg. His axillary temperature is 37°C. He has been taking cotrimoxazole. His mother says he is still sick and has vomited twice today.

- a) How would you reassess Ahmed today? List the signs you would look at and the questions you would ask his mother.

(Is he able to drink?

Does he vomit everything?

Has he had convulsions?

See if he is lethargic or unconscious

Is he still coughing? How long has he been coughing?

Count the breaths in one minute

Look for chest indrawing

Look and listen for stridor

Is he breathing slower?

Is there fever? Is it less?

Is he eating better?)

When you reassess Ahmed, you find that he is able to drink and does not always vomit after drinking. He has not had convulsions. He is not lethargic or unconscious. He is still coughing, so he has been coughing now for about 2 weeks. He is breathing 55 breaths per minute. He has chest indrawing. He does not have stridor. His mother says that sometimes he feels hot. She is very worried because he is not better. He has hardly eaten for two days.

- b) Is Ahmed getting worse, the same or better?

(He is worse. He has chest indrawing)

- c) How should you treat Ahmed? If you would give a drug, specify the dose and schedule.

(Refer urgently. Before departure give him a dose of amoxicillin (the second-line antibiotic), one 250 mg tablet)

2 Discuss Case Study, Ahmed

The facilitator compares the participants' answers to those given above

S/he discusses any differences between them

The facilitator asks

- What charts did you use for information about conducting this follow-up visit? *(Desired responses Follow-up box for PNEUMONIA on the TREAT chart the ASSESS & CLASSIFY chart for how to assess General Danger Signs and cough or difficult breathing, and the antibiotic box on the TREAT chart)*
- What would you do if Ahmed had no chest indrawing and no General Danger Signs? *(Desired response If he was the same, consider switching to a second-line antibiotic If he was better, complete the antibiotic)*
- What if Ahmed was the same? What should you do before switching antibiotics? *(Desired response Ask the mother how the antibiotic was given to the child)*
- What if Ahmed was the same after getting cotrimoxazole for 2 days and you have no amoxicillin? *(Desired response Refer)*
- What if Ahmed is the same and you have amoxicillin and you learn that Ahmed had measles 2 months ago? *(Desired response Refer This child is at risk and needs referral care)*
- What if Ahmed is better? What message should you reinforce with the mother? *(Desired response Complete the full 5 days of antibiotic)*

B Use PERSISTENT DIARRHOEA Box on TREAT THE CHILD Chart

The facilitator refers participants to the PERSISTENT DIARRHOEA box on page 15 of the IMCI Chart Booklet The facilitator reads the box aloud

The co-facilitator circulates to ensure that they are all looking at the following box

► PERSISTENT DIARRHOEA

After 5 days

Ask

- Has the diarrhoea stopped?
- How many loose stools is the child having per day?

Treatment

- If **the diarrhoea has not stopped (child is still having 3 or more loose stools per day)**, do a full reassessment of the child Give any treatment needed Then refer to hospital
- If **the diarrhoea has stopped (child is having less than 3 loose stools per day)** tell the mother to follow the usual feeding recommendations for the child's age

S/he checks understanding of use of the box by asking checking questions

- What happens if a child returns for follow-up of diarrhoea and the diarrhoea has not stopped? (*Desired response If the diarrhoea has not stopped the child needs to be fully reassessed and then referred to the hospital*)

S/he asks

- What does “full reassessment” mean? (*Desired response It means that the health worker needs to begin at the beginning of the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS TO 5 YEARS Chart and completely assess and classify the child and treat according to the treatments indicated in the Identify Treatment column of the ASSESS AND CLASSIFY THE SICK CHILD Chart*)

1 Complete Case Study. Evaristo

The facilitator asks participants to refer to page 3 of their Participant's Manual *Case Study Evaristo*

CASE STUDY EVARISTO*With answers*

Evaristo was brought for follow-up of PERSISTENT DIARRHOEA after 5 days. He is 9 months old and weighs 6.5 kg. His temperature is 36.5°C today. He is no longer breastfed. His mother feeds him cereal twice a day and gives him a milk formula 4 times each day. When you saw him last week, you advised his mother to give him only half his usual amount of milk. You also advised the mother to replace half the milk by giving extra servings of cereal with oil and vegetables or meat or fish added to it.

- a) What is your first step for reassessing Evaristo?

*(Ask: Has Evaristo's diarrhoea stopped?
How many loose stools is he having per day?)*

- b) Evaristo's mother tells you that his diarrhoea has not stopped. What would you do next?

(Reassess Evaristo completely as described on the ASSESS & CLASSIFY chart. Treat any problems that require immediate attention. Then refer him to hospital.)

You do a complete reassessment of Evaristo, as on the ASSESS & CLASSIFY chart. You find that Evaristo has no General Danger Signs. He has no cough. When you reassess his diarrhoea, his mother says that now he has had diarrhoea for about 3 weeks. There is no blood in the stool. Evaristo is restless and irritable. His eyes are not sunken. When you offer him some water, he takes a sip but does not seem thirsty. A skin pinch goes back immediately. He has no fever, no ear problem, and is classified as NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. Evaristo's mother tells you that he has no other problems.

- c) Is Evaristo dehydrated? *(No)*

- d) How will you treat Evaristo?

(Refer him to a hospital. He does not need any treatments before he leaves.)

- e) During your reassessment, if you had found that Evaristo had some dehydration, what would you have done before referral?

(Rehydrate him according to Plan B before referral.)

The facilitator instructs participants to

- Read *Case Study Evaristo* and complete it, using their IMCI Chart Booklets as necessary
- Record their responses on page 3 of their Participant's Manual
- When complete, the facilitators will give each participant individual feedback

2 Discuss Case Study. Evaristo

The facilitator gives individual feedback to each participant as s/he completes the case study
The answers to the case study are found above

D Use DYSENTERY Box on TREAT THE CHILD Chart

The facilitator refers participants to the DYSENTERY Box on page 15 of their IMCI Chart Booklets
S/he reads the box aloud

The co-facilitator circulates among participants to ensure that they have all located the following box

► DYSENTERY

After 2 days

Assess the child for diarrhoea >See *ASSESS & CLASSIFY* chart

Ask

- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment

- If the child is **dehydrated** treat dehydration
- If **number of stools, amount of blood in stools, fever, abdominal pain or eating is the same or worse**

Change to second-line oral antibiotic recommended for Shigella in you area Give it for 5 days Advise the mother to return in 2 days

Exceptions - if the child

- is less than 12 months old or
- was dehydrated on the first visit, or
- had measles within the last 3 months

} Refer to hospital

- If **fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better**, continue giving the same antibiotic until finished

S/he emphasizes the exceptions noted under the bullet "If number of stools is the same or worse"

S/he asks

- How can you tell if the dysentery is better? (*Desired response fewer stools, less blood, less fever, less abdominal pain, eating better*)
- What treatment would you give the child if the dysentery is the same or worse? (*Desired response Change to second line antibiotic*)
- If the dysentery is the same or worse, under what circumstances would you refer the child to hospital? (*Desired response If the child is less than 12 months old*)

or was dehydrated on the first visit or had measles within the last 3 months The child is at high risk and should be referred to the hospital)

IV EVALUATE FOLLOW-UP PROCEDURE USE DYSENTERY BOX

A Complete Oral Case Study. Mary

FACILITATOR'S NOTE ORAL CASE STUDY

As a method for evaluating how well the participants grasp the concepts of the FOLLOW-UP boxes, complete *Case Study Mary* out loud. Remind the participants of the oral (or spoken) case studies that were read aloud earlier in the Course and instruct them to read silently along with you as you read the sections of the case study aloud. This method will allow you to hear the participants' reasoning as they describe how they would conduct a FOLLOW-UP visit with this child. It should also decrease the amount of time necessary to read, complete and discuss the case study and provides variety in the methods used in this activity.

The facilitator states

- You will use the DYSENTERY Box on the TREAT THE CHILD Chart to complete the following Oral Case Study

The facilitator refers participants to page 4 of their Participant's Manual *Oral Case Study Mary*

ORAL CASE STUDY MARY*With answers*

Mary was brought to the clinic for a follow-up visit. She is 11 months old and weighs 9 kg. Two days ago a health worker classified Mary as having DYSENTERY, NO DEHYDRATION, and NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. The health worker gave Mary's mother cotrimoxazole and ORS to use at home and asked her to bring Mary back in 2 days. The mother says that Mary has no new problems.

- a) How will you assess Mary?

(Assess Mary for diarrhoea as on the ASSESS & CLASSIFY chart)

What are the questions that you will ask the caretaker?

- (- Are there fewer stools?*
- Is there less blood in the stool?*
- Is there less fever?*
- Is there less abdominal pain?*
- Is the child eating better?)*

When you assess Mary's diarrhoea, her mother tells you that she still has several stools each day. There is still about the same amount of blood in the stool. She has now had diarrhoea for about a week. Mary is restless and irritable. Her eyes are not sunken. She drinks eagerly when her mother offers her a cup of ORS. A skin pinch goes back slowly. The mother says that Mary has not had fever. She thinks Mary is having abdominal pain because she is irritable and seems uncomfortable. Mary is not eating better.

- b) Is Mary dehydrated? If so, what will you do?

(Yes, she has SOME DEHYDRATION. Use Plan B. Give 400 - 700 ml of ORS in first 4 hours and reassess dehydration)

- c) What else will you do to treat Mary?

(Mary's dysentery is the same, and she is dehydrated. Because she is less than 12 months old, refer her to hospital. Treat her dehydration according to Plan B before departure)

The facilitator instructs

- Follow along as I read the first section of the Case Study about Mary. When I finish that section of the Case Study, I will ask you a question about what was just read.

The facilitator reads the first section of *Oral Case Study Mary* out loud to participants. When complete, s/he reads the second section.

V PREVIEW NEXT SESSION

The facilitator states

- In the next session we will continue to study the treatments that require FOLLOW-UP care by learning the IMCI process for GIVE FOLLOW-UP CARE for MALARIA.

The facilitator allows time for participants to ask questions or to voice concerns.

S/he asks

- What questions do you have about follow-up care before continuing to the next illness?

Both facilitators listen to questions, and respond to any need for clarification.

FOLLOW-UP

ACTIVITY 3

Give Follow-Up Care for MALARIA

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Identify and demonstrate the steps in conducting a follow-up visit for MALARIA
- Refer to and use appropriate information from the FOLLOW-UP Chart to conduct a follow-up visit for MALARIA

TIME

45 minutes

MATERIALS

Flipchart, markers, tape
ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO
5 YEARS Wall Chart
IMCI Chart Booklets
Flipchart #1 (*from Activity #1*)
Participant's Manual, pages 5 - 7

ACTIVITY OUTLINE
Give Follow-Up Care for MALARIA

<u>Content</u>	<u>Materials</u>
I Introduce Session A Review Session Objectives	
II Find out What Participants Know and Do A Review Reasons for a Child's Return Visit to Clinic For Fever B Review Common Causes of Fever	Blank flipchart, markers, tape
III Build on What Participants Know and Do A Introduce Give Follow-Up Care for Malaria B Practice Give Follow-Up Care for Malaria Case Studies 1 Read Case Studies 2 Discuss Answers to Case Studies	Participant's Manual, p 5 Participant's Manual pp 6 -7

ACTIVITY DESCRIPTION

I INTRODUCE SESSION

A Review Session Objectives

The facilitator refers participants to *Follow-Up Flipchart #1 Session Objectives* and reviews the objectives

S/he states

- Participants will now learn the follow-up process for MALARIA

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Review Reasons for a Child's Return Visit to Clinic for Fever

The facilitator asks participants to turn to page 16 of their IMCI Chart Booklets

Co-facilitator ensures that each participant is looking at the following box, which the facilitator reads

▶ **MALARIA**

If fever persists after 2 days, or returns within 14 days

Do a full reassessment of the child >See *ASSESS & CLASSIFY* chart
Assess for other causes of fever

Treatment

- ▶ If the child **has any general danger sign or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE
- ▶ If the child has any **cause of fever other than malaria** provide treatment
- ▶ Repeat treatment with chloroquine under observation This may be done in a hospital, or, if admission is not possible, the child can be brought back to the health facility once a day for the treatment

If the fever does not resolve by the second day of chloroquine treatment under observation then the child should be treated with pyrimethamine-sulfadoxide or quinine or referred to get these drugs elsewhere Advise the mother to return in 2 days if the fever persists

- ▶ If fever has been present for 7 days refer for assessment

The facilitator asks

- When do children return to the clinic for fever, either for follow-up or immediately? (*Desired response When they are classified as MALARIA and their fever persists for 2 days or comes back within 14 days of their initial visit or if fever develops in any sick child for the first time*)

S/he states

- Children classified as MALARIA should return for a follow-up visit if
 - - - ▶ Fever continues for two days after they come for their initial visit for fever, OR
 - ▶ If fever goes away or resolves after treatment but comes back within 14 days of the initial visit

S/he emphasizes

- Either of these situations may mean that the child's malaria is resistant to the first-line antimalarial and the child needs to have a different treatment for malaria
- Caretakers are also advised to bring a sick child to the clinic who develops a fever for the first time because it is a sign of illness and generally needs to be treated

S/he adds

- Children classified as MEASLES sometimes continue to have fever for several days from the measles

B Review Common Causes of Fever

The facilitator asks

- What are some of the common causes of fever? (*Desired responses Pneumonia, meningitis, measles, ear infection, dysentery malaria*)
- What are some other causes of fever? (*Desired responses Tuberculosis, urinary tract infections, osteomyelitis abscess*)

S/he records participants' responses on blank flipchart and adds any of the *Desired responses* that were not mentioned by participants

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Introduce Give Follow-Up Care for MALARIA

The facilitator explains

- Participants will now learn how to care for a child that returns to the clinic for a follow-up visit for MALARIA

S/he states

- When a child comes back to the clinic for a follow-up visit for persistent fever, the health worker conducts a full assessment of the child using the ASSESS and CLASSIFY chart
- The health worker does this to determine the cause of the fever and to decide the best treatment
- But, this time, instead of classifying the fever using the CLASSIFY chart, the health worker refers to the follow-up box for MALARIA in order to determine what to do next

S/he asks

- What treatment should you give to all children who come for follow-up for fever? *(Desired response Treat the child with a second-line antimalarial --or refer if one is not available-- and tell the mother to return again in 2 days if the fever persist)*
- What do you do if the fever has been present for 8 days? *(Desired response Refer the child for assessment This child may have typhoid or another serious infection and needs additional diagnostic testing and special treatment)*
- What treatment do you give if the child is now found to have an ear infection? *(Desired response Give the appropriate treatment for ear infection)*
- If the child is found to have a GENERAL DANGER SIGN or stiff neck how do you treat the child? *(Desired response Treat as VERY SEVERE FEBRILE DISEASE)*

- What is the treatment for VERY SEVERE FEBRILE DISEASE? (*Desired response This child needs quinine, a first dose of an antibiotic a dose of paracetamol, treatment to prevent low blood sugar and urgent referral to the hospital If the child has already been taking an antibiotic, switch to the second-line antibiotic or an injectable antibiotic (chloramphenicol) since their infection may be resistant to the first-line drug A child who is vomiting repeatedly, is lethargic or unconscious, is having convulsions, is unable to drink, or has a stiff neck needs the injectable chloramphenicol*)

The facilitator asks participants to turn to page 5 of their Participant's Manual GIVE FOLLOW-UP CARE FOR MALARIA S/he tells them that the box is the same as the one found on page 16 of their IMCI Chart Booklets

S/he refers them to the important information below the box on page 6 S/he reads this information aloud and answers any questions as necessary

Follow-Up - 5
<ul style="list-style-type: none"> • For children with MALARIA who were receiving cotrimoxazole for PNEUMONIA or EAR INFECTION, <ul style="list-style-type: none"> ▶ The second line antimalarial, sulfadoxine-pyrimethamine, should NOT be given since it is very similar to cotrimoxazole (trimethoprim-sulfamethoxazole) ▶ Both the second line antimalarial and cotrimoxazole are sulfa drugs and giving them both could be dangerous to the child ▶ <i>This child needs to be referred</i>

B Practice GIVE FOLLOW-UP CARE FOR MALARIA CASE STUDIES

1 Read Case Studies

The facilitator asks participants to turn to pages 6 and 7 of their Participant's Manual *Case Studies Lin and Sala*

S/he instructs

- Read about each child who returns for follow-up of MALARIA
- Answer the questions for each child
- Refer to any of the case management charts as needed

CASE STUDIES LIN AND SALA

In this clinic,

- Chloroquine is the first-line oral antimalarial (150 mg base tablets)
- Sulfadoxine-pyrimethamine (Fansidar) is the second-line oral antimalarial
- Cotrimoxazole is the first-line oral antibiotic for pneumonia

1 Lin's mother has brought him back to the clinic because he still has fever. Two days ago he was given chloroquine for MALARIA. He was also given a dose of paracetamol. His mother says that he has no new problems, just the fever. He is 3 years old and weighs 14 kg. His axillary temperature is 38.5°C.

a) How would you reassess Lin?

(Completely assess Lin as on the ASSESS & CLASSIFY chart. Also, assess for other possible causes of the fever)

When you reassess Lin, he has no General Danger Signs. He has no cough and no diarrhoea. He has now had fever for 4 days. He does not have stiff neck. There is no generalized rash. He has no ear problem. He is classified as having NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING. There is no other apparent cause of fever.

b) How would you treat Lin? If you would give a drug, specify the dose and schedule. When should Lin next be seen in clinic?

(Treat with the second-line oral antimalarial, sulfadoxine-pyrimethamine. Give one tablet in clinic)

(Advise the mother to return again in 2 days if the fever persists)

- 2 Sala's mother has come back to the clinic because Sala still has a fever. Three days ago she was given chloroquine for MALARIA. Her mother says that she is sicker now, vomiting and very hot. Sala is 18 months old and weighs 11 kg. Her axillary temperature is 39°C today.

When you assess Sala, her mother says that yesterday she could drink, but she vomited after eating. She did not always vomit after drinking a small amount. She has not had convulsions. She will not wake up when her mother tries to wake her. She is unconscious. Her mother says that she does not have a cough or diarrhoea. She has now had fever for 5 days. She does not have stiff neck or generalized rash. She does not have an ear problem. She is classified as having NO ANAEMIA AND NOT VERY LOW WEIGHT AND GROWTH NOT FALTERING.

How would you treat Sala? If you would give drugs, specify the dose and schedule.

(Since Sala has a General Danger Sign, treat her for VERY SEVERE FEBRILE DISEASE. Refer her urgently to hospital, but before referral give

- *quinine -- 0.8 ml (150 mg/ml)*
- *chloramphenicol (2.5 ml = 450 mg) since she cannot drink to take an oral drug*
- *breastmilk, milk, or sugar water by NG tube if possible (since she cannot drink)*
- *no paracetamol, since she cannot drink*

The facilitator gives participants adequate time to answer the questions and encourages them to consult each other as needed.

2 Discuss Answers to Case Studies

The facilitator asks for participants to volunteer their answers to the case studies before the whole group.

If participants offer incorrect answers, s/he encourages other participants to provide the correct answers. If participants are not able to provide the correct answer, the facilitator provides it.

Before concluding the session, the facilitator asks participants if they have any questions about giving follow-up care for MALARIA. S/he answers any questions and provides clarification as necessary.

FOLLOW-UP

ACTIVITY 4 GIVE FOLLOW-UP CARE for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS

LEARNING OBJECTIVES

By the end of the session, participants will be able to

- Use the correct sections of TREAT THE CHILD chart for appropriate directions
- State the steps involved in conducting a follow-up visit for MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS
- Select correct treatment
- Provide relevant information to the caretaker regarding the treatment

TIME 45 minutes

MATERIALS ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
TREAT THE CHILD Wall Chart
IMCI Chart Booklets
Flipchart #1 (*from Activity #1*)
Cards FOLLOW-UP CARE for EYE OR MOUTH COMPLICATIONS

ACTIVITY OUTLINE
GIVE FOLLOW-UP CARE for
MEASLES WITH EYE OR MOUTH COMPLICATIONS and EAR INFECTIONS

Content	Materials
I Introduce Session	
A Review Session Objectives	Flipchart #1
II Find Out What Participants Know and Do MEASLES WITH EYE OR MOUTH COMPLICATIONS	
A Review TREATMENTS	IMCI Chart Booklets
B Conduct Problem Solving Activity	Problem & Action Cards #1-5
1 Post Problem Card#1	Problem Card #1
2 Participant Posts Action Card #1	Action Card #1
3 Discuss Responses to Card #1	
4 Post Problem Card #2	Problem Card #2
5 Participant Posts Action Card #2	Action Card #2
6 Discuss Responses to Card #2	
a Reinforce Good Communication Skills	
7 Post Problem Card #3	Problem Card #3
8 Participant Posts Action Card #3	Action Card #3
9 Discuss Responses to Card #3	
10 Post Problem Card #4	Problem Card #4
11 Participant Posts Action Card #4	Action Card #4
12 Discuss Responses to Card #4	
a Reinforce Good Teaching Skills	
13 Post Problem Card #5	Problem Card #5
14 Participant Posts Action Card #5	Action Card #5
15 Discuss Responses to Card #5	
III Reinforce Use of GIVE FOLLOW-UP CARE Box	
A Review Box MEASLES WITH EYE OR MOUTH COMPLICATIONS	IMCI Chart Booklets
IV GIVE FOLLOW-UP CARE EAR INFECTION	
A Read and Discuss EAR INFECTION Box	IMCI Chart Booklets
B Preview Next Session	

ACTIVITY DESCRIPTION

I INTRODUCE SESSION

FACILITATOR'S NOTE

The treatments for MEASLES WITH EYE OR MOUTH COMPLICATIONS and for CHRONIC and ACUTE EAR INFECTIONS are largely dependent on the caretaker. The child's improvement depends on how well the caretaker applies tetracycline ointment, washes the child's mouth with gentian violet, or wicks the ear. Therefore, this session is a good opportunity for you to check the communications and teaching skills that participants have learned in teaching the caretaker to treat illness at home.

A Review SESSION OBJECTIVES

The facilitator reviews the objectives on *Follow-Up Flipchart #1 Session Objectives*

S/he emphasizes objective #4 "state appropriate counseling messages"

- If the child is the same or worse, the health worker needs to make sure that the caretaker is properly treating these signs at home
- This requires the use of good communications skills, as well as knowing the proper treatment. We will review those in this session.

II FIND OUT WHAT PARTICIPANTS KNOW AND DO MEASLES WITH EYE OR MOUTH COMPLICATIONS

A Review TREATMENTS

The facilitator instructs participants to locate the TREATMENT column of ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Chart in their Chart Booklets

S/he asks

- What is the treatment for pus draining from the eye that may accompany MEASLES WITH EYE OR MOUTH COMPLICATIONS? (*Desired response: Apply tetracycline ointment to the eye*)
- What is the treatment for mouth ulcers that may accompany MEASLES WITH EYE OR MOUTH COMPLICATIONS? (*Desired response: If mouth ulcers, treat with gentian violet*)

B Conduct PROBLEM SOLVING ACTIVITY

FACILITATOR'S NOTE

This activity evaluates participants' current practice in treating eye infections that are signs of complications of MEASLES. It also strengthens their decision making skills by requiring them to consider what they would do to treat eye infections in given situations.

The "Problems" and "Actions" presented are taken from the TREATMENT statements on the MEASLES WITH EYE OR MOUTH COMPLICATIONS box from GIVE FOLLOW-UP CARE. For example:

(Problem) If pus is still draining from the eye. *(Action)* ask the mother to describe how she has treated the eye infection.

You will post Problem Card #1 on the front wall of the classroom and ask participants to decide who has the corresponding Action Card.

When they have decided which card has the appropriate action to the given problem, have the participant post the Action Card alongside the Problem Card #1.

You will lead a brief discussion about each of the cards to find out if the participants agree or disagree and their rationale is for their choices. You will correct, as necessary.

You will follow this procedure for Problem Cards 1 - 5, checking for understanding by asking questions that follow each card.

The co-facilitator distributes one "Action" Card to each participant. The facilitator keeps a set of 5 "Problem" Cards.

The facilitator instructs the participants to read their cards aloud one at a time. S/he answers any questions that they might have about the content of the cards.

The facilitator reads the following Critical Incident:

- Two days ago a child came to your clinic. He was classified MEASLES WITH EYE OR MOUTH COMPLICATIONS. He had pus draining from his eye. Today his caretaker returns with him for a follow-up visit.

1 Post Problem Card #1

PROBLEM CARD #1	ACTION CARD #1
If there is no pus or redness in either eye what do you do?	Stop the treatment

The facilitator instructs the participants to look at their cards to see who has the action for this problem

2 Participant Posts Action Card #1

Once they identify the response they think is correct, s/he asks that participant to post his/her card on the wall alongside Problem Card #1

3 Discuss Responses to Card #1

The facilitator asks

- Do you agree? Why/why not?

If their response is not the desired one, s/he corrects it, and emphasizes

- The reasoning for IMCI response is that 2 days treatment with tetracycline eye ointment is sufficient if the signs have gone away

4 Post Problem Card #2

PROBLEM CARD #2	ACTION CARD #2
If pus is still draining from the eye, what do you do?	Find out from the caretaker how s/he has treated the eye infection

The facilitator instructs the participants to look at their cards to see who has the action for this problem

5 Participant Posts Action Card #2

Once they identify the response they think is correct, s/he asks that participant to post his/her card on the wall alongside Problem Card #2

6 Discuss Responses to Card #2

a Reinforce GOOD COMMUNICATION SKILLS

The facilitator conducts a short discussion on the use of good communications skills S/he asks

- How would you find out if the caretaker was giving the proper treatment? *(Desired response Ask the caretaker to describe or demonstrate how s/he applies the ointment)*
- Why is it important to find out if the caretaker has treated the eye infection properly? *(Desired response If the caretaker has been treating the infection properly and the infection is still not improving, then the child may not be responding to the treatment and needs to be referred to hospital where he can be more thoroughly tested than is possible in the clinic)*

7 Post Problem Card #3

PROBLEM CARD #3	ACTION CARD #3
If pus is still draining from the eye and the caretaker describes the correct treatment, what do you do?	Refer the child to hospital

The facilitator instructs participants to look at their cards to see who has the action for this problem

8 Participant Posts Action Card #3

Once they identify the response they think is correct, s/he asks that participant to post his/her card on the wall alongside Problem Card #3

9 Discuss Responses to Card #3

[If the answer to this question was not obvious to participants from the discussion on Problem Card #2, you may choose to repeat it here]

S/he asks

- Why is it important to find out if the caretaker has treated the eye infection properly? *(Desired response If the caretaker has been treating the infection properly, and the infection is still not improving, then the child may not be responding to the treatment and needs to be referred to hospital where he can be more thoroughly tested than is possible in the clinic)*

The facilitator emphasizes

- If the caretaker did not understand how to give the home treatment or could not give the home treatment, then the health worker will need to discuss the child's treatment further with the caretaker

10 Post Problem Card #4

The facilitator instructs participants to look at their cards to see who has the action to this problem

11 Participant Posts Action Card #4

Once they identify the response they think is correct, s/he asks that participant to post his/her card on the wall alongside Problem Card #4

12 Discuss Responses to Card #4

PROBLEM CARD #4	ACTION CARD #4
If pus is still draining from the eye and the caretaker describes an incorrect treatment, what do you do?	Teach the caretaker the correct treatment and continue treatment at home

a Reinforce GOOD TEACHING SKILLS (Optional. Review as Necessary)

If necessary, the facilitator follows this Card with a short discussion on good teaching skills

S/he asks

- How would you teach the caretaker to apply the tetracycline ointment again?
(Desired responses include
 - *Health worker washes his/her hands*
 - *S/he cleans the child's eyes with clean cloth*
 - *If possible, ask to see the ointment tube This helps the health worker see if the caretaker is using the medication If there is no ointment remaining in the tube, this may indicate that the caretaker has applied it improperly and needs to be taught how to apply the tetracycline ointment again*
 - *Praise the caretaker for those things which s/he has done correctly and encourage her to continue trying the correct technique*

- *Help the caretaker identify any problems encountered in applying the ointment, and identify actions to the problems For example, maybe the child will not hold still What can s/he do about that? Have someone hold the child still while applying the ointment*
- *Check caretaker's understanding of how to apply the ointment)*

13 Post Problem Card #5

PROBLEM CARD #5	ACTION CARD #5
If pus is gone but redness remains, what do you do?	Continue treatment

The facilitator instructs participants to look at their cards to see who has the action for this problem

14 Participant Posts Action Card #5

Once they identify the response they think is correct, s/he asks that participant to post his/her card on the wall alongside Problem Card #5

15 Discuss Responses to Card #5

The facilitator asks

- Why is it important to continue the treatment until all the redness is gone?
(Desired response Because redness is sign of local infection, it should be treated until all infection is gone)

III REINFORCE USE OF GIVE FOLLOW-UP CARE BOX

A Review Box. MEASLES WITH EYE OR MOUTH COMPLICATIONS

The facilitator asks participants to locate *GIVE FOLLOW-UP CARE FOR MEASLES WITH EYE OR MOUTH COMPLICATIONS* box on page 16 of their IMCI Chart Booklets

Co-facilitator moves around the room to ensure that each participant is looking at the correct box

The facilitator states

- This box contains both ASSESS and TREAT steps for Eye Infection and for Mouth Ulcers

The facilitator reviews the box, checking for understanding as follows

▶ MEASLES WITH EYE OR MOUTH COMPLICATIONS

After 2 days

Look for red eyes and pus draining from the eyes

Look for mouth ulcers

Smell the mouth

Treatment for Eye Infection

- ▶ If ***pus is still draining from the eye***, ask the mother to describe how she has treated the eye infection. If treatment has been correct, refer to hospital. If treatment has not been correct, teach the mother correct treatment.
- ▶ If ***the pus is gone but redness remains***, continue the treatment.
- ▶ If ***no pus or redness***, stop the treatment.

Treatment for Mouth Ulcers

- ▶ If ***mouth ulcers are worse, or there is a very foul smell from the mouth***, refer to hospital.
 - *If a child has mouth ulcers, what may happen to the child's feeding? (Desired response: May not be able to eat properly because the ulcers are painful)*
 - *What should you do if the child has ulcers and the ulcers are worse? (Desired response: Refer the child)*
 - *What should you do to ensure that the child does not lose weight or develop malnutrition? (Desired response: Counsel the caretaker to feed the child appropriately)*
- ▶ If ***mouth ulcers are the same or better***, continue using half-strength gentian violet for a total of 5 days.

When s/he has finished reading the box, the facilitator emphasizes

- The child is at risk of malnutrition and infection during and after measles and it is important that the caretaker know when to return with her child.

IV GIVE FOLLOW-UP CARE EAR INFECTION

A Read and Discuss EAR INFECTION Box

The facilitator asks participants to locate *GIVE FOLLOW-UP CARE FOR EAR INFECTION* box on page 17 of their IMCI Chart Booklets

Co-facilitator moves around the room to ensure that each participant is looking at the correct box

The facilitator reviews the box, checking for understanding as follows

▶ **EAR INFECTION**

After 5 days

Reassess for ear problem > See *ASSESS & CLASSIFY* chart

Measure the child's temperature

Treatment

- ▶ If there is **tender swelling behind the ear or high fever (38.5° C or above)** refer URGENTLY to hospital
 - *Why would you refer this child urgently to hospital? (Desired response A child with tender swelling behind the ear or a high fever means that the child's illness is worse, and needs to be referred to hospital)*
- ▶ **Acute ear infection** If **ear pain or discharge** persists, treat with 5 more days of the same antibiotic Continue wicking to dry the ear Follow-up in 5 days
 - *What is the most effective way to clean the ear? (Desired response Wicking the ear)*
- ▶ **Chronic ear infection** Check that the mother is wicking the ear correctly Encourage her to continue Do not treat further with antibiotic even if discharge continues
- ▶ If **no ear pain or discharge**, praise the mother for her careful treatment If she has not yet finished the 5 days of antibiotic, tell her to use all of it before stopping

B Preview Next Session

The facilitator allows time for participants to clarify any questions they have about the FOLLOW-UP CARE FOR MEASLES WITH EYE OR MOUTH COMPLICATIONS or about FOLLOW-UP CARE FOR EAR INFECTION

S/he reviews *Flipchart #1 Session Objectives*, and asks

- What questions do you have about the follow-up process to this point?

Once s/he has answered any questions that participants may have, the facilitator previews next session

- The next step in GIVE FOLLOW-UP CARE is to give follow-up care for FEEDING PROBLEM, VERY LOW WEIGHT OR GROWTH FALTERING AND PALLOR

S/he praises participants for their hard work

FOLLOW-UP

ACTIVITY 5

GIVE FOLLOW-UP CARE for FEEDING PROBLEM, VERY LOW WEIGHT or GROWTH FALTERING and PALLOR

LEARNING OBJECTIVES

By the end of the session, participants will be able to

- Identify and demonstrate the steps in conducting a follow-up visit for feeding problem
- Refer to and use appropriate information from the COUNSEL THE MOTHER chart to assist in the follow-up visit
- Provide relevant information to mother
- State the steps in conducting a follow-up visit for PALLOR, and VERY LOW WEIGHT or GROWTH FALTERING

TIME 1 hour

MATERIALS ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
TREAT THE CHILD Wall Chart
COUNSEL THE MOTHER Card
IMCI Chart Booklets
Participant's Manual, page 8

ACTIVITY OUTLINE
GIVE FOLLOW-UP CARE FEEDING PROBLEM,
VERY LOW WEIGHT or GROWTH FALTERING, PALLOR

Content	Materials
I Introduce Session	
II Find Out What Participants Know and Do	
A Introduce Case Study Claudia	Participant's Manual page 8
B Complete Part 1 of Case Study Claudia	
C Complete Part 2 of Case Study Claudia	COUNSEL THE MOTHER Card
III Build on What Participants Know and Do	
A Follow-Up Care for FEEDING PROBLEM	
1 Introduce FEEDING PROBLEM Box	IMCI Chart Booklets
2 Introduce VERY LOW WEIGHT or GROWTH FALTERING Box	IMCI Chart Booklets
B Follow-Up Visit for Pallor	IMCI Chart Booklets
IV Review FOLLOW-UP Process Up Through Feeding Problem	
A Review GIVE FOLLOW-UP CARE	IMCI Chart Booklets
B Preview Next Session	

ACTIVITY DESCRIPTION

I INTRODUCE SESSION

The facilitator states

- When conducting a follow-up visit with a child who was previously classified with a feeding related problem, such as FEEDING PROBLEM, PALLOR, and VERY LOW WEIGHT OR GROWTH FALTERING, very important skills that a health worker uses are good communications and teaching skills
- In this session, we will review communications skills as well as identify those follow-up treatments for FEEDING PROBLEM, PALLOR, and VERY LOW WEIGHT OR GROWTH FALTERING

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Introduce Case Study. Claudia

FACILITATOR'S NOTE

Use Case Study Claudia for two purposes

- 1) as an assessment of how participants would currently conduct a follow-up visit for a FEEDING PROBLEM, and
- 2) to build on what they know by adding new IMCI information

Divide this Case Study into two sections Complete Part I with the group As you discuss it focus on using good communications skills Then do the same with the second part of the Case Study

The facilitator asks participants to turn to page 8 of their Participant's Manual *Case Study Claudia*

S/he states

- Good questions are a way to ensure good communication Participants should use the COUNSEL THE MOTHER Chart to determine if a FEEDING PROBLEM exists

CASE STUDY CLAUDIA**Part 1**

Claudia is 10 months old Her chart shows that she was seen 6 days ago

RECORD OF CLINIC VISITS

27/6/95

T 39°C

5.5 kg

**MALARIA, NO PNEUMONIA COUGH OR COLD,
VERY LOW WEIGHT FOR AGE**

*Rx Chloroquine, return 5 days, 30 days, 2 days if fever persists
Feeding breastfed once in evening, formula in morning bottle,
lunch = soup or oatmeal dinner = soup + mashed potatoes
with beans Advised to replace morning bottle with breastfeeding
before mother goes to work Give cereal gruel with animal milk
mid-morning Mash vegetables and mix with rice + spoonful oil for lunch
Dinner - add spoonful oil or butter*

Part 2

Claudia's mother answers that she is making mashed vegetables with rice and oil for lunch She still makes soup because everyone needs to have soup She does not like waking Claudia to breastfeed in the morning before work because it means her other daughter, 10 year old Patricia, also has to get up before sunrise to watch the baby But she has done so and Claudia is now getting a morning and an evening breastfeed Patricia is doing her job making oatmeal with cow's milk mid-morning At lunch Claudia is eating soup Then she eats a little bit of the vegetable mashed with rice

B Complete Part 1 of Case Study. Claudia

The facilitator reads aloud Part 1 of Case Study Claudia as participants read along to themselves

The facilitator asks

- What questions would you ask to find out whether Claudia's feeding has improved? *(Possible responses Describe for me how you are feeding Claudia now What do you give her for lunch and for dinner? Does she eat the amount you serve her? Who feeds her? When are you breastfeeding her? Have you been able to give her a mid-morning feed? What food do you give then?)*

S/he writes participants' responses on a blank flipchart, adding any answers that participants do not give

C Complete Part 2 of Case Study. Claudia

The facilitator reads aloud Part 2 of Case Study Claudia as participants read along to themselves

S/he asks

- Has Claudia's feeding improved? *(Desired response Yes)*
- How would you praise Claudia's mother? *(Desired responses Praise the caretaker for the effort she has made, reinforce the fact that she is breastfeeding Claudia in the morning now It is also very good that she is getting the mid-morning oatmeal This food will help Claudia grow)*

S/he instructs participants to refer to the COUNSEL THE MOTHER Card

- What would you advise the mother today? *(Desired responses Soup is thin and does not give as much nutrition as the rice It is better to give the mash of vegetable-rice and oil first, and then give her some soup if she is still hungry Serve her the vegetable-rice first at both lunch and dinner)*

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Follow-Up Care for FEEDING PROBLEM

1 Introduce FEEDING PROBLEM Box

The facilitator instructs participants to locate the GIVE FOLLOW-UP CARE for FEEDING PROBLEM box on page 17 of their IMCI Chart Booklets

Co-facilitator circulates to make sure that participants are looking at the following box

▶ FEEDING PROBLEM

After 5 days

Reassess feeding > *See questions at the top of the COUNSEL chart*
Ask about any feeding problems found on the initial visit

- ▶ Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the child back again
- ▶ If the child is very low weight or has growth faltering, ask the mother to return 30 days after the initial visit to measure the child's weight gain

The facilitator reads (or asks a volunteer to read) the box. S/he emphasizes

- If the child is VERY LOW WEIGHT or has GROWTH FALTERING, ask the mother to return 30 days after the initial visit to measure the child's weight gain

2 Introduce VERY LOW WEIGHT OR GROWTH FALTERING Box.

The facilitator asks participants to locate the VERY LOW WEIGHT or GROWTH FALTERING box on page 17 of their Chart Booklets. S/he reads the box, asking the appropriate checking questions as she reads

▶ **VERY LOW WEIGHT or GROWTH FALTERING**

After 30 days

Weigh the child and determine if the child is still very low weight for age or still has growth faltering
Reassess feeding > See questions at the top of the COUNSEL chart

Treatment

- ▶ If the child is **no longer very low weight for age and no longer has growth faltering**, praise the mother and encourage her to continue

- ▶ If the child is still **very low weight for age or still has growth faltering** counsel the mother about any feeding problem found. Ask the mother to return again in one month. Continue to see the child monthly until the child is feeding well and gaining weight regularly or is no longer very low weight for age or no longer has growth faltering

- *If Claudia were to return in 30 days and her weight was 5.6 kg, what would that signal to you? (Desired response: Even though Claudia's weight has increased by 0.1 kg, she should still be assessed for FEEDING PROBLEM and counseled accordingly. Ask mother to return again in one month because Claudia is still VERY LOW WEIGHT FOR AGE and GROWTH FALTERING)*

- *Use the COUNSEL THE MOTHER Chart to reassess feeding. You must reassess feeding.*

Exception

If you do not think that feeding will improve, or if the child has **lost weight** refer the child

B Follow-Up Visit for PALLOR

The facilitator asks

- What would you do during a follow-up visit for a child classified PALLOR?
(Desired responses Give iron unless child is severely ill or is a known sickler Advise mother to return in 14 days for more iron Continue giving iron every 14 days for 2 months)

The facilitator asks participants to locate the PALLOR box on page 17 of their Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following box

▶ **PALLOR**

After 14 days

- ▶ Give iron unless the child is severely ill or is a known sickler Advise mother to return in 14 days for more iron
 - *What is a “sickler?” (Desired response A child with sickle cell anaemia is a “sickler”)*
- ▶ Continue giving iron every 14 days for 2 months
- ▶ If the child has palmar pallor after 2 months, refer for assessment
 - *Notice that this means that the child with PALLOR should come back for follow-up ever 2 weeks for a period of two months On each visit, the caretaker should be given a two week supply of iron*

The facilitator allows time for clarification and questions from participants S/he asks

- What questions or concerns do you have about how to give FOLLOW-UP CARE FOR FEEDING PROBLEM, VERY LOW WEIGHT, or GROWTH FALTERING, OR PALLOR?

S/he clarifies questions, and helps participants think about solutions to problems that may arise in using the IMCI process for follow-up

IV REVIEW FOLLOW-UP PROCESS UP THROUGH FEEDING PROBLEM

A Review GIVE FOLLOW-UP CARE

The facilitator instructs participants to refer to the GIVE FOLLOW-UP CARE section of their IMCI Chart Booklets

S/he asks

- If a child comes in with a new problem, is the visit considered a follow-up visit for that problem? *(Desired response No Because she is presenting for that problem for the first time it is considered an initial visit for that problem)*
- If a child comes in with a new problem and for follow-up on a previous problem, how would you manage that visit? *(Desired response It is considered an initial visit for the new problem, and a follow-up visit for the problem presented on the previous visit)*
- How would you manage the new problem? *(Desired response Assess, Classify and Treat the new problem as on the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Chart Do a full assessment using the full approach)*
- How would you manage the follow-up problem? *(Desired response Find the appropriate box or boxes in the GIVE FOLLOW-UP CARE section of the Chart Booklet and follow directions in the boxes)*
- In general, what is the basic thing that you must decide during a follow-up visit? *(Desired response Is the child the same, better, or worse)*

B Preview Next Session

The facilitator explains

- The next session will concern how to manage a follow-up visit for a SICK INFANT AGE 1 WEEK TO 2 MONTHS

S/he thanks participants for their work, and closes the session

FOLLOW-UP

ACTIVITY 6 GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Demonstrate the correct use of the IMCI FOLLOW-UP Charts for LOCAL BACTERIAL INFECTION, FEEDING PROBLEM, and LOW WEIGHT OR GROWTH FALTERING (including thrush)
- Provide relevant information to caretaker on giving follow-up care for these illnesses
- Review IMCI tools that health workers will be able to use in their clinics
- Close the Working Group Sessions and review expectations of Course

TIME 2 hours, 30 minutes

MATERIALS MANAGEMENT OF THE SICK YOUNG INFANT Wall Chart
IMCI Chart Booklets
Flipchart #1 (*from Activity 1*)
Participant's Manual, pages 9 - 10
Flipchart of Participants' Expectations of the Course (*from Classroom Session Introduction to IMCI, Activity #2*)

FACILITATOR'S NOTE

Locate the flipchart containing the expectations of the Course stated by participants in the first Working Group Session. In Step V of the following activity, use this flipchart to review how well they met their expectations.

Prepare 'Challenge Questions' for Step V A. Review IMCI Chart Booklet and Other IMCI Tools (For instructions see Facilitator's Note in that section)

ACTIVITY OUTLINE
GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

Content	Materials
I INTRODUCTION A Present Session Objectives	Flipchart #1
II FIND OUT WHAT PARTICIPANTS KNOW AND DO A Identify Current Practice in Give Follow-Up Care For Sick Young Infants	
III INTRODUCE GIVE FOLLOW-UP CARE FOR SYI A Introduce Give Follow-Up Care for LOCAL BACTERIAL INFECTION B Introduce Give Follow-Up Care for FEEDING PROBLEM C Introduce Give Follow-Up Care for LOW WEIGHT FOR AGE/GROWTH FALTERING D Introduce Give Follow-Up Care Thrush	IMCI Chart Booklets
IV PRACTICE GIVE FOLLOW-UP CARE A Conduct Case Studies B Discuss and Correct Case Studies	Participant's Manual pp 9-10
V EVALUATE USE OF IMCI TOOLS A Review Use of IMCI Chart Booklet & other IMCI 'Tools' B Close Working Group Session & Preview Next Activity	IMCI Chart Booklets, Recording Form, Counsel Card, Challenge Questions Flipchart of Participants Expectations (from first Working Group Session)

ACTIVITY DESCRIPTION

I INTRODUCTION

A Present Session Objectives

The facilitator reviews *Flipchart #1 Session Objectives*

S/he states

- In this session, participants will learn the IMCI process for GIVE FOLLOW-UP CARE TO SICK YOUNG INFANTS
- They will also review the expectations that they came to the IMCI Complementary Course, to see how well their expectations have been met

S/he explains

- This is the last session in the Component GIVE FOLLOW-UP CARE and the last session in which participants will learn about the process of IMCI
- In the next session of the Course, participants will consider how to use IMCI in their facilities
- They will identify problems that they think they might encounter as they introduce IMCI into their facilities, and will consider ways to solve those problems

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Identify Current Practice in GIVE FOLLOW-UP CARE FOR SICK YOUNG INFANTS

The facilitator asks

- In your current practice, when do you ask caretakers to bring their sick young infants for follow-up?

The facilitator listens for responses. If appropriate, s/he acknowledges that there are situations when IMCI recommends follow-up care for sick young infants that may not be part of participants' current practice

III INTRODUCE FOLLOW-UP CARE FOR SICK YOUNG INFANTS

FACILITATOR'S NOTE

In the following steps, the facilitator first asks about current practice for each of the IMCI recommendations for GIVE FOLLOW-UP CARE FOR SICK YOUNG INFANTS and then introduces IMCI recommendations for each classification requiring follow-up in the IMCI process

A Introduce Give Follow-Up Care for LOCAL BACTERIAL INFECTION

The facilitator asks the participants to locate the box for GIVE FOLLOW-UP CARE for LOCAL BACTERIAL INFECTION on page 29 of their IMCI Chart Booklets

Co-facilitator ensures that each participant has located the correct box, and facilitator reads it S/he checks understanding by asking the questions found on the box below

▶ **LOCAL BACTERIAL INFECTION**

After 2 days

Look at the umbilicus Is it red or draining pus? Does redness extend to the skin?

Look at the skin pustules Are there many or severe pustules?

Treatment

- ▶ If **pus or redness remains or is worse**, refer to hospital
- ▶ If **pus and redness are improved**, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home
 - *What are the important communication skills that the health worker should use in this case? (Desired response The health worker should ask the caretaker to demonstrate how s/he is treating local infection at home, and if s/he has any questions The health worker should also check the caretaker's understanding of the importance of giving the infant the antibiotic for 5 days Praise the caretaker for correctly treating the infant at home)*
 - *What is the treatment of LOCAL BACTERIAL INFECTION of skin pustules or umbilicus? (Desired response Continue cleaning the skin pustules or umbilicus and applying gentian violet)*

B Introduce Give Follow-Up Care for FEEDING PROBLEM

The facilitator states

- **The next classification that requires follow-up in 2 days is FEEDING PROBLEM**

S/he asks participants to locate the FEEDING PROBLEM box on page 30 of their IMCI Chart Booklets

▶ FEEDING PROBLEM

After 2 days

Reassess feeding >See "Then Check for Feeding Problem or Very Low Weight" above

- ▶ Ask about any feeding problems found on the initial visit
 - *Where will the health workers find a description of the feeding problem found at the initial visit? (Desired response On the young infant's chart or follow-up note)*
 - *How would you determine the caretaker's success in carrying out feeding recommendations made during the previous visit? (Possible responses Asking checking questions, asking caretaker to demonstrate how s/he has been carrying out recommendations For example, may ask the caretaker to demonstrate good attachment)*
 - *How would you find out the problems that the caretaker has had?*

The facilitator praises the participants for their efforts at good communications and counseling with caretakers If necessary s/he makes suggestions for improvement

- ▶ Counsel the mother about any new or continuing feeding problems If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again
 - *Why is it necessary to ask the caretaker to bring the young infant back again? (Desired response Caretaker may not have understood recommendations from initial visit, and it may be necessary to see the infant again to make sure that s/he understands both sets of recommendations)*

If the young infant is very low weight for age, ask the mother to return 14 days after the initial visit to measure the young infant's weight gain

- *Young infants are asked to return sooner to have their weight checked than older infants and young children*
- *Why is this? (Desired response Young infants should grow faster They are at higher risk if they do not gain weight)*
- *What should a health worker do to ensure that s/he accurately weighs an infant with a feeding problem? (Possible response The young infant must be weighed on accurate scales, and he must not be wearing heavy clothes such as sweaters, coats, shoes, etc)*

Exception

If you do not think that feeding will improve, or if the young infant has **lost weight**, refer the child

The facilitator allows time for clarification and concerns S/he asks

- What questions or concerns do you have about giving follow-up care to a sick young infant classified FEEDING PROBLEM?

S/he answers questions as necessary, and then states

- The next classification that requires follow-up is LOW WEIGHT FOR AGE OR GROWTH FALTERING

C Introduce GIVE FOLLOW-UP CARE FOR LOW WEIGHT FOR AGE/ GROWTH FALTERING

The facilitator asks

- Why is it important to give follow-up care for LOW WEIGHT FOR AGE OR GROWTH FALTERING in infants? (*Desired response Infants should be growing quickly and proper feeding is critical to their growth and development*)

The facilitator instructs participants to locate the following box and to read along S/he asks checking the questions on the box

▶ **LOW WEIGHT OR GROWTH FALTERING**

After 14 days

Weigh the young infant and determine if the infant is still low weight for age, or has growth faltering

- *How will the health worker determine if the infant is still low weight for age or still has growth faltering? (Desired response Use the infant's Weight for Age chart to compare today's weight with the previously recorded weight for the infant)*
- *If the child had growth faltering on his last visit then his weight on this visit should be higher than any weight ever recorded for the infant*

Reassess feeding > See "Then Check for Feeding Problem or Low Weight" above

- ▶ If the infant is **no longer low weight for age and no longer has growth faltering**, praise the mother and encourage her to continue
- ▶ If the infant is **still low weight for age or has growth faltering, but is feeding well**, praise the mother Ask her to have her infant weighed again within a month or when she returns for immunization
- ▶ If the infant is **still low weight for age and still has a feeding problem**, counsel the mother about the feeding problem Ask the mother to return again in 14 days (or whenever she returns for immunization, if this is within 2 weeks) Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age or no longer has growth faltering

Exception

If you do not think that feeding will improve, or if the young infant has **lost weight**, refer to hospital

The facilitator allows time for clarification and concerns S/he asks

- What questions or concerns do you have about giving follow-up care to a sick young infant classified FEEDING PROBLEM?
- What problems might you encounter in giving follow-up care for LOW WEIGHT FOR AGE OR GROWTH FALTERING?

S/he answers questions as necessary, and helps participants to help one another resolve problems they might encounter

When all questions have been answered, s/he states

- Thrush is the next sign that requires follow-up in the young infant

D Introduce GIVE FOLLOW-UP CARE. THRUSH

The facilitator asks

- Why is it important to give follow-up care for thrush? *(Desired response If the thrush continues or worsens the infant may not be able to suckle or attach properly to the breast This puts the infant in danger of a feeding problem)*

S/he asks participants to locate the following box As s/he and volunteers read the box, the facilitator asks checking questions, including those in the box

▶ **THRUSH**

After 2 days

Look for ulcers or white patches in the mouth (thrush)

Reassess Feeding > See "Then Check for Feeding Problem or Low Weight" above

- ▶ If **thrush is worse**, or if the infant has **problems with attachment or suckling**, refer to hospital
 - *Why is it important to refer the infant to the hospital if the thrush is worse or the infant has problems with attachment of suckling? (Desired response It is important that the infant be treated so that he can resume good feeding as soon as possible)*
- ▶ If **thrush is the same or better**, and if the infant is **feeding well**, continue half-strength gentian violet for a total of 5 days
 - *What communications skills would the health worker use to encourage the mother to continue treating the infant properly? (Desired response Ask how she is treating the infant, praise and reinforce good practice, ask if the caretaker has other questions)*

IV PRACTICE GIVE FOLLOW-UP CARE

A Conduct Case Studies

The facilitator asks participants to turn to pages 9 and 10 of their Participant's Manual *Case Studies Sashie and Afiya*

The facilitators conduct the following case studies as instructed in the *Introduction to this Facilitator s Guide*

CASE STUDY
SASHIE

(With answers)

Sashie is 5 weeks old. The health worker classified her as having LOCAL BACTERIAL INFECTION because she had some skin pustules on her buttocks. Her mother got paediatric tablets of cotrimoxazole to give at home, and learned how to clean the skin and apply gentian violet at home. She has returned for a follow-up visit after 2 days. Sashie has no new problems.

a) How would you reassess Sashie?

(Desired response: Look at the umbilicus to see if it is red or draining pus or if the redness extends to the skin. Then look at the skin pustules to see if they are many or severe.)

When you look at the skin of her buttocks, you see that there are fewer pustules and less redness.

b) What treatment does Sashie need? What would you communicate with Sashie's mother?

(Tell the mother to continue giving the 5 days of antibiotic and to continue treating the local infection with gentian violet paint at home. Praise the mother for the good treatment she is giving.)

CASE STUDY**AFIYA**

(With answers)

Afiya, a 5-week-old infant, was brought to the clinic 2 days ago. During that visit he was classified with a FEEDING PROBLEM because he was not able to attach well to the breast. He weighed 3.25 kg (not low weight for age). He was breastfeeding 5 times a day. He also had white patches of thrush in his mouth. Afiya's mother was taught how to position her infant for breastfeeding and how to help him attach to the breast. She was advised to increase the frequency of feeding to at least 8 times per 24 hours and to breastfeed as often as the infant wants, day and night. She was taught to treat thrush at home. She was also asked to return for follow-up in 2 days. Today, Afiya's mother has come to see you for follow-up. She tells you that the infant has no new problems.

a) How would you reassess this infant?

(Ask "is there any difficulty feeding?"

Ask "Is the infant breastfed?" and if "Yes," ask "How many times in 24 hours?"

Ask "Does the infant usually receive any other food or drinks?" and, if "Yes," ask "How often?"

Ask "What do you use to feed the infant?"

Determine weight for age

Check for GROWTH FALTERING

Ask about any feeding problems found on the initial visit

Assess breastfeeding

Look for ulcers or white patches in the mouth)

Afiya's weight today is 3.35 kg. When you reassess the infant's feeding, the mother tells you that he is feeding easily. She is now breastfeeding Afiya at least 8 times a day, and sometimes more when he wants. He is not receiving other foods or drinks. You ask the mother to put Afiya to the breast. When you check the attachment, you note that the infant's chin is touching the breast. The mouth is wide open with the lower lip turned outward. There is more areola visible above than below the mouth. The infant is suckling effectively. You look in his mouth. You cannot see white patches now.

b) How will you treat this infant?

(Continue half strength gentian violet for 3 more days, for a total of 5 days)

c) What will you communicate to Afiya's mother?

(Praise the mother and encourage her to continue her current breastfeeding practices)

B Discuss and Correct Case Studies

The facilitator leads discussion of the first two case studies with the entire group. Both facilitators give individual feedback to participants on *Case Study Afya*.

During the discussion, the facilitator emphasizes the importance of using good communications and counseling skills during a follow-up visit with a sick young infant. As appropriate, s/he asks

- Which communications skills would the health worker use in this case?
- Why is it important to use these skills during a follow-up visit with a sick young infant? (*Possible responses*)

Ask/Listen Health worker should ask questions that help him/her understand that the caretaker knows how to care for the sick young infant at home. Listening carefully to the caretaker's answers will help build confidence that s/he can take care of her sick young infant.

Praise Caretakers often do not bring their sick young infants to health centres. They should be praised for doing so, and health worker should attempt to build their confidence that the sick young infant will receive good care when s/he does bring the infant to the centre.

Advise Often caretakers are worried about their sick young infants. The advice that the health worker gives should be relevant to the caretaker's situation. S/he should be given just enough advice to help give proper care at home.

Check Understanding Health workers should make sure to have the caretaker demonstrate, if possible, how s/he will care for the sick young infant. This is an important skill to use throughout the entire counseling process.)

The facilitator allows time for participants to ask questions or state concerns about GIVE FOLLOW-UP CARE TO THE SICK YOUNG INFANT. S/he asks

- What questions or comments do you have about giving follow-up care to a sick young infant?

The facilitators answer questions as appropriate. They help participants solve problems they may identify in giving follow-up care to sick young infants in their centres.

V EVALUATE USE OF IMCI TOOLS

A Review IMCI Chart Booklet and Other IMCI “Tools”

FACILITATOR'S NOTE

Conduct the next exercise as a game. The co-facilitator will need an ARI timer or watch available to time participants as they carry out their challenge questions.

You will need previously prepared “Challenge Questions” for the game. Ideally, these questions should be taken from your observations of participants’ difficulties locating certain sections of their IMCI Chart Booklets, Recording Forms or Counsel the Mother Card. Challenge questions should give participants the opportunity to use the full range of charts found in the IMCI Chart Booklet, as well as the IMCI Recording Form and the Counsel the Mother Card.

The purposes of the game are:

- To help participants see how these tools will be useful in their clinics,
- To give them practice in locating certain sections of each tool,
- To help you evaluate how well they have learned to use the tools.

[Sample questions you can ask are:

- What is the classification of a child age X months who has the signs _____? Where did you find that information? *(Desired response: Correct classification and page of the IMCI Chart Booklet)*
- What are the feeding recommendations for a child aged X months? Where did you find that information? *(Desired response: Correct feeding recommendations, found on the Counsel the Mother Card)*
- What question(s) do you ask to decide if a child is being actively fed? Where did you find this information? *(Desired response: Questions to assess feeding are found on the IMCI Recording Form and in the IMCI Chart Booklet on page 18)]*

You should ensure that each participant is clear about the answers to each question before continuing to next question.

The facilitator conducts a game to help evaluate how well participants can quickly find the appropriate sections of their IMCI Chart Booklets, Recording Forms, and Counsel the Mother Card. *(See Facilitator’s Note above)*

S/he asks:

- What are the IMCI materials that you will be able to use when you return to your facility? *(Desired response: IMCI Chart Booklets, Recording Forms, and Counsel the Mother Card)*

S/he instructs participants to have each of these tools available to use in the next exercise.

S/he divides participants into teams On a blank flipchart, the co-facilitator keeps “score” of the teams’ answers

The facilitator explains the object of the “game ” S/he explains

- The IMCI materials that you have in front of you are the tools that you will be using in your centres when you return to work,
- Participants will play a game to give them practice in quickly finding important information in each tool,
- The co-facilitator will monitor time with the ARI timer Each team will have one minute to answer each question If the team is not able to answer the question within that time limit, the question will go to the next team to answer,
- Each team should pay attention to each question, because they may be required to answer it

S/he allows time for participants to ask clarifying questions, and then proceeds

The facilitators ensure that each participant is clear about the answers to each question before continuing to next question

The game is complete when each team has had an opportunity to answer approximately 5 questions and each participant is clear about the answer to each question

B Close Working Group Sessions and Preview Next Activity

The facilitator explains

- This is the last session that participants will have in this particular working group,
- The last activity will be conducted in a plenary session, where they will be together with the entire group of their colleagues
- The purpose of that session will be to
 - ▶ Help the participants identify problems that they might have when they return to their clinics and attempt to implement IMCI,
 - ▶ (If appropriate) participants will be joined by other health workers who have already implemented IMCI in their clinics, and who will help them think about ways to solve those problems
 - ▶ Participants should prepare for that session by thinking about possible difficulties they will have in implementing IMCI in their clinics, and thinking about ways in which they can solve those problems

To close the session, the co-facilitator posts the flipchart with the participants' expectations from the first Working Group session of the Course. S/he reviews each expectation.

S/he asks participants to

- Decide if the expectation was met or not

As participants state that they met their expectations, the facilitator asks for an example of how it was met.

If an expectation was not met, the facilitator asks participants to think about ways in which they could have met them during the Course. (There may be expectations that were not appropriate for the Course, and this should be acknowledged.)

The facilitators thank participants for their work during the Course, and praise them for their efforts in helping to improve the health care of children in their communities.